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ABSTRACT

This document is one of a series of student workbooks developed for workplace skill development courses or workshops by Mercer County Community College (New Jersey) and its partners. Designed to help employees of medical establishments learn medical terminology, this course provides information on basic word structure, body parts, suffixes and prefixes, medical specialties, and case reports. The materials for the 5-day course include the following: a course outline, objectives, a topical outline, and a glossary of approximately 500 approved abbreviations for medical terms and 20 symbols and their meanings. (KC)

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MEDICAL TERMINOLOGY

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Prepared Under a United States Department of Education
National Workplace Literacy Program Grant to
MERCER COUNTY COMMUNITY COLLEGE
Center for Training and Development
1200 Old Trenton Road
Trenton, NJ 08690

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CE 062 495

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OVERVIEW OF WORKPLACE LITERACY PROJECT

Skills for Tomorrow, NOW

The Workplace Literacy Project resulted from a Department of Education grant, plus in-kind contributions from a partnership with General Motors Inland Fisher Guide Plant, Princeton Plasma Physics Laboratory, and St. Francis Medical Center. The project is an attempt to find solutions to the growing "skills gap" in industry today. More than 25 million Americans cannot read the front page of a newspaper. In addition, workers whose average ages are rising, must produce in a technological environment that may not have existed when they began working. This lack of knowledge makes it difficult to compete in a technologically changing workplace. Moreover, an increasing number of immigrants have entered the workforce with limited English communication skills. In response to this growing need, the Federal government provided a grant to Mercer County Community College and its partners to develop ways to enrich and expand employees' basic workplace knowledge. The aim of the project was also to improve the self-esteem of the participants.

Support for the project was solicited from all levels of company management and the unions. In addition, an advisory council, comprising key management and employees from each company determined the design, goals, and time-frame of the project. Each company provided a liaison person from their site, and MCCC hired a director to manage the program. Employee release time for classes was site-specific.

Participation in the program was voluntary. Information about classes was disseminated through company letters, flyers, union notices, notices included with paychecks, and open forums with supervisors and employees.

The ABLE test was used for normative pre and post testing. Other types of evaluations varied from course to course. MCCC counselors met with each student to discuss present and future educational objectives.

Courses were offered in reading, business writing, math, science, and English as a Second Language. In addition, there were workshops in problem solving, stress management, and other work survival skills. The curricula for the courses were customized for each worksite to be as job focused as possible.

It is our hope that this program will serve as a model for other organizations to empower their employees with the skills needed to succeed in the changing technological workplace, today and in the future.

Medical Terminology
Medical Center
Mercer County Community College
Skills For Tomorrow
February 1992

Instructor:

Text: Chabner, D., Medical Terminology - A Short Course, 1991, Saunders Co.

Credit: 1.5 CEU

SYLLABUS

Feb. 4 Chapter 1 - Basic Word Structure

Objectives: At the end of this chapter the student will be able to:

1. Divide the medical terms correctly into combining forms, prefixes and suffixes.
2. Define the medical term using combining forms, prefixes, and suffixes.
3. Spell and pronounce the new medical terms.

Content:

1. Introduction to course and overview of text
2. Pre-test
3. Terminology - combining forms, prefixes, suffixes
4. Rules to remember when analyzing medical words
5. Review

Feb. 6 Chapter 2 - Organization of the Body

Objectives: At the end of this chapter the student will be able to:

1. Name the systems of the body and recognize their locations.
2. Identify the body cavities and recognize the organs contained within those cavities.
3. Locate and identify anatomical and clinical divisions of the abdomen.
4. Locate and name the anatomical divisions of the back.
5. Identify the three planes of the body.
6. Spell and pronounce the new medical terms.

Content:

1. Terminology
2. Overhead drawing
3. Pronunciation
4. Review

Feb. 11 Chapter 3-Suffixes
Chapter 4-Prefixes

Objectives: At the end of these two chapters the student will be able to:

1. Define new suffixes and prefixes.
2. Gain practice in word analysis by using these suffixes and prefixes to build new medical words.
3. Spell and pronounce these new medical terms that contain diagnostic and procedural suffixes.

Content:

1. New combining forms
2. Diagnostic and Procedural suffixes
3. Prefixes
4. Endoscopies, some syndromes
5. Pronunciation and spelling
6. Review

Feb. 13 Chapter 5 - Medical Specialists and Case Reports

Objectives: At the end of this chapter the student will be able to:

1. Identify medical specialists and describe their specialties.
2. Identify combining forms used in terms that describe specialties.
3. To decipher medical terminology as written in case reports.

Content:

1. Medical specialists
2. Combining forms and vocabulary
3. Case Reports
4 Pronunciation and spelling of medical terms
5. Review

Feb. 18 Objectives: At the end of this class the student will be able to:

1. Read case reports and analyze the medical terms used.
2. Read Operation schedules and analyze.
3. Decipher various abbreviations and symbols used in medical settings.
4. Understand various diagnostic tests and procedures.

Content:

1. Case studies
2. Diagnoses
3. Abbreviations and meanings
4. Diagnostic tests and procedures
5. Pronunciation and spelling
6. Post-test
7. Evaluation

MEDICAL CENTER
Trenton, New Jersey

APPROVED ABBREVIATION LIST

July 1982
August 1983 Revised
May 1987 Revised - Medical Record Committee
July 1988 Reviewed - Medical Record Committee
December 1989 - Revised - Medical Record Committee

MEDICAL CENTER

APPROVED ABBREVIATION LIST

Revised in 1987 & 1989 by:

Department of Medicine
Department of Surgery
Department of Obstetrics/Gynecology
Department of Pediatrics
Department of Family Practice
Department of Anesthesia
Department of Ophthalmology
Department of Psychiatry
Department of Radiology
Department of Emergency Services
Department of Nursing Services
President of the Medical Staff

ST. FRANCIS MEDICAL CENTER

APPROVED ABBREVIATION LIST

POLICY:

Only the approved list of symbols and abbreviations may be used in the medical record.

A

A-a	Alveolar-arterial
AAA	Aortic abdominal aneurysm
AAL	Anterior axillary line
A_2	Aortic 2nd heart sound
AB	Abortion
Abd	Abdominal or abdomen
ABE	Acute bacterial endocarditis
ABG	Arterial blood gases
ABO Incompat	ABO incompatibility
a.c.	Before meals
ACTH	Adrenocorticotropic
A.D.A.	American Dietetic Association
ADH	Anti diuretic hormone
A.D.L.	Activities of daily living
ad lib	At liberty
AFB	Acid fast bacillus
A Fib	atrial fibrillation
A/G	Albumin/globulin ratio
$AgNO_3$	Silver Nitrate

AI	Aortic insufficiency
AIDS	Acquired Immune Deficiency Syndrome
AKA	Above knee amputation
Alb	Albumin
Alc	Alcoholism
ALK-PHOS	Alkaline Phosphatase
ALL	Acute Lymphocytic Leukemia
ALS	Amyotrophic Lateral Sclerosis
A.M.	Morning
AMA	Against Medical Advice
AMI	Acute Myocardial Infarction
ANA	Anti-Nuclear Antibody
Ant.	Anterior
AP	Antero posterior
ARC	AIDS related complex
ARDS	Adult Respiratory Distress Syndrome
ARF	Acute Renal Failure
AS	Aortic Stenosis
ASA	Aspirin
ASCVD	Arteriosclerotic Cardiovascular Disease
ASD	Atrial Septal Defect
ASHD	Arteriosclerotic Heart Disease
AVN	Arterio Ventricular Node
A & W	Alive and Well

B

B	Black
Ba	Barium
Baso	Basophil
BBB	Bundle Branch Block
BC	Blood Culture
BCG	Bacille Calmette-Guerin (T.B. Vacine)
BCP	Birth Control Pill
BE	Barium Enema
B.I.D.	Twice a Day
B & J	Bone and Joint
Bililite	Phototherapy Lamps
BKA	Below the knee amputation
BM	Bowel Movement
BMR	Basal Metabolism Rate
BP	Blood Pressure
BPD	Bipanetal Diameter
B.P.H.	Benign Prostatic Hypertrophy
Br	Breech
Broncho	Bronchoscopy
B.R.P.	Bathroom Privileges
BS	Blood Sugar
BSO	Bilateral Salpingo-oophorectomy
B.U.N.	Blood Urea Nitrogen
Bx	Biopsy

C

C_1	First cervical vertebrae (C_2, C_3, etc.)
Ca	Calcium
CA	Cancer
CABG	Coronary Artery Bypass Graft
CAD	Coronary Artery Disease
Cal	Calorie, Calories
Cath.	Catheter, Catheterization, Catheterized
C.B.C.	Complete blood count
C.B.I.	Continuous bladder irrigation
CBD	Common Bile Duct
CC	Chief Complaint
CGY	Cente Gray (Measure of radiation)
CHB	Complete Heart Block
CHF	Congestive Heart Failure
CHO	Carbohydrate
Chol	Cholesterol
CI	Coronary insufficiency
CIRC	Circumflex coronary artery
CLL	Chronic lymphocytic leukemia
Cm	Centimeters
Cmg	Cytomegabic
CML	Chronic myelogenous leukemia
Cmv	Cytomegalo virus
Co	Cardiac output

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CO_2	Carbon dioxide
COLD	Chronic obstructive lung disease
Cont.	Continue
COPD	Chronic obstructive pulmonary disease
COR	Heart
CP	Chest pain
CPD	Cephalo-pelvic disproportion
CPAP	Continuous positive airway pressure
CPR	Cardiopulmonary resuscitation
Creat	Creatine or Creatinine
C&S	Culture & sensitivity
C-Section	Cesarean section
CSF	Cerebrospinal fluid
CT Scan	Computerized tomography
CVA	Cerebral vascular accident
CVO_2	Venous O_2 Content
C.V.P.	Central venous pressure
Cx	Cervix
CXR	Chest x-ray
Cysto	Cystoscopic

D

db	Decibel (speech & hearing)
d/c	discontinue
D & C	Dilitation & Curretage
D & E	Dilitation & Evacuation
DI	Diabetes Insipidus
Diag.	Diagural branch of left anterior descending cor. artery
Dig	Digitalis
Dip	Distal interphalangeal
DKA	Diabetic Ketoacidosis
DL	Direct Laryngoscopy and biopsy
DLCO	Diffusional capacity lungs to carbon monoxide
DM	Diabetes Mellitus
DNS	Dextrose and normal saline
D.O.A.	Dead on arrival
DOB	Date of birth
DOE	Dyspnea on exertion
DP	Dorsolis pedis
DPT	Diptheria, pertussis, tetanus
DR	Delivery room
DSA	Digital subtraction angiography
DU	Duodenal ulcer
DUB	Dysfunctional uterine bleeding
DVT	Deep venous thrombosis
D5W	5% Dextrose in water or dextrose and 5% water
Dx	Diagnosis

E

E_3	Estriol
ECCE	Extra capsular cataract extraction
ECG) EKG)	Electrocardiogram
Echo	Echocardiogram
Ect	Electro convulsive Therapy
EDC	Estimated date of confinement
EDD	Estimated due date
EEG	Electroencephalogram
EF	Ejection fraction
EMG	Electromyelogram
Endo	Endoscopy
ENG	Electronystagmography
ER	Emergency Room
ERCP	Endoscopic retrograde cholangiopancreatography
ESR (Sed rate)	Erythrocyte sedementation rate
ETOH	alcohol
Exc.	Excision

F

F	Female
FBS	Fasting blood sugar
FE	Iron
FH	Family history
F.H.S.	Fetal heart sounds
FM	Fetal movement
F→N	Finger to nose
FS	Finger stick
F/S	Frozen section
F.S.H.	Follicle stimulating hormone
FT	Fingertip
FTA-ABD	Fluorescent treponemal antibody absorbed
F.U.O.	Fever of undetermined origin
Fx	Fracture

G

G.B.	Gall bladder
Gc	Gonorrhea
Gen	General
Gent	Gentamycin
Gest	Gestation
GH	Growth hormone
G.I.	Gastro intestinal
Gluc	glucose
gm	Gram
gr	Grain
Gravida I Para 0	Pregnant once Children, none
gtt or gt	drop or drops
G.U.	Genito urinary
gy	gray (measure of radiation)
gyn	gynecological

H

HBab	Hepatitis B antibody
HBag	Hepatitis B antigen
Hc	Hydrocortisone
Hct	hematacrit
H.C.V.D.	Hypertensive cardiovascular disease
HCO_3	Bicarb
H_2O	Water
H_2O_2	Hydrogen peroxide
HEENT	Head, eyes, ears, nose & throat variation - HENT
Hg	Mercury
Hgb	Hemoglobin
H H	Hiatal hernia
H&H	Hemoglobin
HPI	history of present illness
HIV	Human Immunodeficiency virus
HJ	Hepato jugular reflex
HR	Heart rate
hs	hour of sleep
ht	height
HTN	Hypertension
Hx	History
Hz	Hertz (speech & hearing)

I

I^{131}	Radioactive iodine
IABP	Intra aortic balloon pump
IAC	Internal auditory canal
IBW	Ideal body weight
I.D.	Identification
IOL	Intra ocular lens
Info	Information
Ig	Immunoglobulin
IHSS	Idiopathic hypertrophic subaortic stenosis
IM	Intramuscular
I&O	Intake and output
IPPB	Intermittent positive pressure breathing
Instr.	Instruction
Insuf.	Insufficient
IUD	Intrauterine contraceptive device
IUP	Intrauterine pregnancy
I.V.	Intravenous
I.V.C.	Inferior Vena Cava Syndrome
IVDA	Intravenous drug abuse
I.V.P.	Intravenous pyelogram
IVS	Interventricular septum
IVSS	Intravenous soluset

K

K +	Potassium
Kg	kilogram
K cal	kilocalorie
KOH	Potassium hydroxide
K.U.B.	Kidneys, ureter, bladder

L

L	Left
l	liter
L A	left atrium
L_1	first lumbar vertebrae
Lab	laboratory
Lac	laceration
L&D	labor and delivery
LAD	Left anterior descending (coronary artery)
LAH	left anterior hemiblock
Lap	Laporatory
Lat	Lateral
lb	Pound
LBBB	Left bundle branch block
LFT	Liver function tests
Linac	Linear accelerator
LLL	left lower lobe
L.L.Q.	Left lower quadrant
LMD	Local medical doctor
LML	Left medio-lateral episiotomy
L.O.C.	Level of conciousness or loss of conciousness
L.P.	Lumbar Puncture
L.R.	Labor Room
L/S ratio	Lecithen sphenglycin ratio

L (continued)

LMP	Last menstrual period
Lt	Left
LUL	left upper lobe
L.U.Q.	Left upper quadrant
LV	Left ventricle
LVE	Left ventricular enlargement
LVEDP	Left ventricular end diastolic pressure
Lymph	Lymphatic (s)
Lytes	Electrolytes

M

M	Molar
Mag citrate	magnesium citrate
Max	Maximum
MD	Doctor
Mct	Medium Chain triglycerites
Med	Medicine, medication
Mets	Metastasis
mg	milligram
Mg SO4	Magnesium sulfate
M.I.	Myocardial infarction
Mid	Midline
Min	Minimum
ml	milliliter
mm	millimeter
Mom	milk of magnesia
MPV	Mean platelet volume
MR	Mitral regurgitation
MRI	Magnetic Resonance Imaging
MS	Mitral Stenosis
Muga	Multiple Gated Acquisition
MV	Mitral Valve
MVP	Mitral valve prolapse

M

Molar

magnesium citrate

Maximum

Doctor

Medium Chain triglycerites

Medicine, medication

Metastasis

milligram

Magnesium sulfate

Myocardial infarction

Midline

Minimum

milliliter

millimeter

milk of magnesia

Mean platelet volume

Mitral regurgitation

Magnetic Resonance Imaging

Mitral Stenosis

Multiple Gated Acquisition

Mitral Valve

tral valve prolapse

O

OA	Osteoarthritis
O_2	Oxygen
O_2 ER	Oxygen Extraction Ratio
O_2 Sat	Oxygen saturation
OB/Gyn	Obstetric and gynecology
Obl.	Oblique
OBS	Organic brain syndrome
OCT	Oxytocin challenge test
od	right eye
O.D.	Once daily
OD	overdose
Oint.	Ointment
OOB	Out of bed
OPD	Outpatient Department
Ophth.	Ophthalmology
O.R.	Operating Room
ORIF	Open reduction internal fixation
Ortho	Orthopedics
os	left eye
O.T.	Occupational therapy
ou	both eyes
oz	Ounce

P

P	Pulse
PA	Posterior-anterior
PAC	Premature atrial contraction
PA Gram	Pulmonary arteriogram
PARR	Post anesthesia recovery room
P.A.T.	Pre admission testing
PAT	Paroxysmal atrial tachycarida
PBI	Protein bound iodine
p.c.	After meals
pcm	protein calorie malnutrition
PCW	Pulmonary capillary wedge Portable chest x-ray
PCWP	Pulmonary capillary wedge pressure
Ped	Pediatric
PEG	Percutaneous Endoscopic Gastrastomy
PFTs	Pulmonary function tests
PH	Past History
PI	Present illness
PID	Pelvic Inflammatory Disease
Pit	Pitocin
PLT	Platelet (Hematology slip)
p.m.	Afternoon
p.m. care	Afternoon & evening care
PMH	Past medical history
PMD	Primary medical doctor
PMS	Pre menstrual syndrome
PNC	Premature nodal contraction
PND	Paroxysmal nocturnal dyspnea

p.o.	by mouth
port	portable
pos.	positive
post-op	post operatively
pp	post partum
PPD	Purified protein derivative or TB test
PR	pulse rate
Pre-op	Pre operatively
Prep	Preparation
Prn	when necessary
PRRERLA	Pupils round regular, equal react to light & accommodation variations: Prela, Prerla, Perla
P.S.P.	Phenolsulfonphthalein
PSS	Progressive systemic sclerosis
PT	Physical Therapy
pt.	patient
PTA	Percutaneous Transluminal angioplasty
PTC	Percutaneous transhepatic cholangiogram
PTCA	Percutaneous Transluminal coronary angioplasty
Pulm.	Pulmonary
PTT	Partial thromboplastin time
PV	Pulmonic valve
PVC	Premature ventricular contraction
PVD	Peripheral vascular disease
PWB	Partial weight bearing
P.Z.I.	Protamine zinc insulin

Q

qd	everyday or daily
q.h.	every hour
q3h	every 3 hours, q 4th., q 6h, etc.
qid	4 times a day
qns	quality not sufficient
qod	every other day
qs	quality sufficient

R

R	right
RA	right atrium
Rad	radiation absorbed dose
RAE	right atrial enlargement
RBBB	Right bundle branch block
RBC	Red blood count
RCA	Right coronary artery
R.D.S.	Respiratory distress syndrome
RDW.	Red cell distribution width (hematology slip)
RF	Rheumatic fever
reg	Regular
rep	repair
resp.	respiration
R /L	Ringers Lactate
R LL	right lower lobe
RLQ	right lower quadrant
RM	room
R/M or R & M	Routine and microscopic
RML	right middle lobe
R.O.M.	Range of motion
R/O	rule out
ROS	Review of systems

RR	regular rhythm
RRR	regular rate & rhythm
RTC	return to clinic
RUL	right upper lobe
RUQ	right upper quadrant
RV	right ventricular
RVH	right ventricular hypertrophy
Rx	Prescription/drug

S

"S"	Service
S_1	First sacral vertebrae, S_2, S_3, or 1st heart sound, etc.
S Brady or S. Brad	Sinus bradycardia
SDH	Subdural hematoma
SDS	Same day surgery
Sec.	Seconds
SH	Social History
SI	Small Intestine
SIDS	Sudden infant death syndrome
sl	Sublingual
SLE	Systemic Lupus Erythematosus
SOB	Shortness of breath
sol	Solution
Spon	Spontaneous
S.P. tube	Suprapubic tube
SSE	Soap suds enema
SSS	Sick sinus syndrome
STA	Station
S Tachy	Sinus Tachycardia
Stat	Immediately
STSG	Split thickness skin graft
Subq	Subcutaneously
S.V.C.	Superior vena cava
SVRI	Systemic vascular resistance index

SVT	Supra ventricular tachycardia
Sx	Symptom

T

T_1	First thoracic vertebrae, T_2, T_3, etc.
T & A	Tonsils & adenoids
TAH	Total abdominal hysterectomy
TB	Tuberculosis
TED	Thrombo emboli detergent
Temp	Temperature
T.F.	Tube feeding
TFTs	Thyroid function tests
T.I.	Tricuspid Insufficiency
T.I.A.	Transient ischemic attack
T.I.D.	Three times a day
Tomo	Tomography
TPN	Total parenteral nutrition
TPR	Temperature, pulse, respiration
TR	Tincture
TS	Tricuspid stenosis
TURB	Transurethral resection of bladder
TURP	Transurethral resection of prostate
TV	Triscupid valve
TVH	Total vaginal hysterectomy
Tx	Transfer

U

UA	Urinalysis
UGI	Upper Gastrointestinal
URI	Upper Respiratory Infection
US	Ultrasound
UTI	Urinary tract infection
UV	Ultra violet

V

VA	Veterans Administration
VD	Venereal Disease
VDRL	Venereal Disease Rehab Lab
V Fib	Ventricular fibrillation
V film	Verification film
VNA	Visiting Nurse Association
VO	Verbal orders
VO_2	Oxygen combustion
V/Q	Ventilation perfusion
VR	Ventricular rate
V.S.	Vital signs
VSD	Ventricular septal defect
VT	Ventricular Tachycardia
VV	Vulva and vagina

W

W	White
WB	Weight bearing
WBC	White blood count
WD	Well developed
WN	Well nourished
W.N.L.	Within normal limits
WPW	Wolff- Parkinson, White-Syndrome
WT	Weight

SYMBOLS

@	At times
Δ	Change
o	Degree
∅, Ø	No, none, zero
I	One
II	Two
III	Three, etc.
oz.	Ounce
ʒ	Dram
−	Negative
+	Positive
♂	Male
♀	Female
↑	Increase of high
↓	Decrease or low
>	Greater than
<	Less than
c̄	With
s̄	Without
ss	One half